	R Heduction Act of		ey Docket Numb									
DECLARATION FO	··· ———	amed Inventor		yn McCull ugh								
DESIGN PATENT A	JN First IV	amed inventor		<del></del>								
(37 CFR 1	•	<u> </u>	COMPLETE IF KNOWN									
	Declaration		ation Number		111 40 0000							
	Submitted Submitted after With Initial Initial Filing		Date		9, 2003							
Filing OR (surcharge 37 Cl				<u>_</u>	et known							
	1.16 (e) required)		ner Name	Not ye	et known							
As a below named inventor, I hereby declare that:												
My residence, mailing address, and citizenship are as stated below next to my name.												
I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
ILLUMINATION SYSTEM AND METHODS OF USE												
		(Title	of the Invention	)								
The specification of which												
is attached hereto												
OR												
was filed on (MM/DD/YYYY	The state of the s											
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have review any amendment specifically refe		nd the contents	of the above-ide	entified specific	ation, including	the claims, a	s amended by					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.												
I hereby claim foreign priority be breeder's rights certificate(s), or States of America, listed below certificate, or of any PCT interna-	r 365(a) of any PC and have also ide	CT international entified below, b	application whic y checking the t	ch designated a box, any foreigr	at least one cou n application fo	untry other tha or patent or inv riority is claim	n the United entor's ed.					
Prior Foreign Application	_		iling Date	Check Only I			Copy Attached?					
Number(s)	Country	(MM/DE	D/YYYY)	Clair	aimed YES		NO NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.												
Application Number		ate (MM/DD/Y)	YY)	Additional provisional application								
60/397,363		J	luly 19, 2002	nbers are listed on a ppleation opportunity data sheet O/SB/02B attached hereto.								

WEMMH SB/01 (04-03)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.																	
U.S. Paren	Parent Filing Date (MM/DD/YYYY)							Parent Patent Number (If applicable)									
10.	Manie	No.															
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.																	
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:																	
Customer Number Place Customer Nur																	
	ш	OR Bar Code Label Here								el Here							
Registered practioner(s) name/registration number listed below.																	
Nam			Registration Number Na							Name Regis					egistration Number		
Christopher A. E	Brown		41,	642													
								ı									
Additional i	register	ed practit	ioner(s	) name	ed on supp	leme	ental	Regis	tere	ed Practition	er Inforr	nation Sheet	PTO/SB/0	2C a	ttached hereto.		
Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.																	
Direct all correspondence to: Code Label  OR Correspondence address below									ddress below								
Name	Wood	lard, Em	nardt,	Moria	ty, McNet	t & F	Henry	/ LLP			•						
Address		ionumen	t Circl	е													
Address City	Suite						tato	IN		<u> </u>			ZIP	462	204		
Country	US								') 6:	34-3456			Fax		7) 637-7561		
I hereby declare	that all	statemer	nts mad	de here	ein of my o	wn k	nowl	edge a	are	true and tha	t all sta	tements mad	le on inforn	natio	and belief are		
believed to be tr punishable by fir	ue; and ne or im	turther tr prisonme	at thes nt, or t	se state both, u	ements we nder 18 U.:	re m S.C.	nade 1	with th 1 and 1	ie k tha	knowledge th t such willful	at willfu false st	ıl false staten tatements ma	nents and t sy jeopardiz	he lik ze the	e so made are validity of the		
application or an	y pater	t issued t	hereor	<u>n</u>						-					<u></u>		
Name of Sole o			_			has	been	filed f	or t	this unsigned	d invent	or.					
Giv	en Nar	ne (first a	nd mid	ldle [if	any])						Far	nily Name or	Surname				
Wayne McCullough																	
Inventor's Sign	Inventor's Signature Date																
Residence City Green			field		ate IN		Country USA		USA	Citizenst		nip	US				
Post Office Address 276 W 300 N																	
Post Office Ad	dress																
	City	Greenf	eld				Sta	te	11	N	ZIP	46140	Country		USA		
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.																	

DECLARAT		Registered Practition r Inf rmati n (Suppl mental She t)						
Name	R gistration Numb r	Name	Registrati n Number					
C. David Emhardt	18,483	Jason A. Houdek	P54,620					
Joseph A. Naughton, Jr.	19,814	Michael S. Wherry	53,764					
John V. Moriarty	26,207	Michael C. Bartol	44,025					
John C. McNett	25,533		,					
Thomas Q. Henry	28,309							
James M. Durlacher	28,840							
Charles R. Reeves	28,750							
Vincent O. Wagner	29,596							
Steve Zlatos	30,123							
Spiro Bereveskos	30,821							
Clifford W. Browning	32,201							
R. Randall Frisk	32,221							
Daniel J. Lueders	32,581							
Kenneth A. Gandy	33,386							
Timothy N. Thomas	35,714							
Kurt N. Jones	37,996							
John H. Allie	39,088							
Holiday W. Banta	40,311	]						
Troy J. Cole	35,102							
L. Scott Paynter	39,797							
Charles J. Meyer	41,996							
Matthew R. Schantz	40,800							
Gregory B. Coy	40,967							
Lisa A. Hiday	40,036							
John V. Daniluck	40,581							
Christopher A. Brown	41,642							
Arthur J. Usher IV	41,359							
Douglas A. Collier	43,556							
Brad A. Schepers	45,431							
Scott J. Stevens	29,446							
James B. Myers	42,021							
John M. Bradshaw	46,573							
Quentin G. Cantrell	47,469							
Charles P. Schmal	45,082							
David E. Novak	50,752							
Edward E. Sowers	36,015	l						
John L. Roberts	50,453	i						
John J. Emanuele	51,653							
Denise M. Gosnell	51,748							

Name of Joint Inventor,	A petition has been filed for this unsigned inventor.											
Given Name (first and middle [if any])								Fan	mily Name or Surname			
Bryan									Magee			
Inventor's Signature	Date											
Residence	City Indianapolis State IN Country USA							USA	Citizenship US			
Post Office Address	1102 S. Franklin Road											
Post Office Address												
City	Indiar	Indianapolis State IN ZIP								46239	Country	USA
Name of Joint Inventor,	tor, if any:  A petition has been filed for this unsigned inventor.											
Given Name (first and middle [if any])  Family Name or Surname												
Matthew Lykins												
Inventor's Signature		Date										
Residence	City Seymour State IN Country USA								USA		Citizenship	US
Post Office Address												
Post Office Address												
City	City Seymour State IN ZIP								ZIP	47274	Country	USA
Name of Joint Inventor,	if any:		A pe	etitio	n has	s been	file	ed for this un	signed	inventor.		
Given Name (first and middle [if any]) Family Name or Surname												
Inventor's Signature	Date											
Residence	City					State Country			Citizenship			
Post Office Address												
Post Office Address												
City	State ZIP Country											